

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F00000006817

1. Corporation Name  
**LIBRONAUTA CORP.**

Principal Place of Business CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE	Mailing Address CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE
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800009485568  
 12/12/02--01037--004 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida <b>12/08/2000</b>	5. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
	<b>PERU 267</b> <b>BUENOS AIRES</b> <b>(1067)</b>			
	<b>ARGENTINA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	LIBRONAUTA NORTH AMERICA, INC.	ALICIA MOREAU DE JUSTO 740, LOFT	BUENOS AIRES, ARGENTINA

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: DAVID I. FARBER  
 REGISTERED AGENT MUST SIGN

Date: DEC - 9 2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: December 6th 2002  
 Daytime Phone # 5411 5328 5204

CR2E040 (8/02)

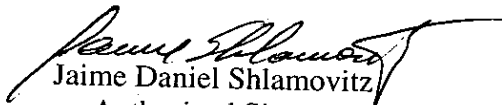
December, 6 th. 2002

To: Florida Department of State  
From: Libronauta Corp.

We are sending the attached application for reinstatement form in order to reinstate our corporation. Unfortunately we have not received the prior UBR notices and perhaps is due to the address that appear in the form belongs to our old attorney buffet.

We have completed the present application for reinstatement form with the present mailing office address, and attached a check for \$ 150.00 to be applied as the fee for a profit corporation.

Very yours,



Jaime Daniel Shlamovitz  
Authorized Signee

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www.libronauta.com